

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF ENVIRONMENTAL RESPONSE AND REMEDIATION  
REQUEST FOR PUBLIC INFORMATION**

In making a request to review files, please call (801) 536-4100, fax (801) 359-8853, or mail the GRAMA Coordinator at: P.O. Box 144840 (168 North 1950 West), Salt Lake City, Utah, 84114-4840. You will be notified when your files are ready to be reviewed. For additional information, please visit our web site at [www.deq.state.ut.us](http://www.deq.state.ut.us)

**SIGNATURE IS REQUIRED, ON THE REVERSE SIDE, BEFORE REQUEST CAN BE COMPLETED**

Requester's Name \_\_\_\_\_ Person Reviewing Files \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City

State

Zip Code

Telephone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

**In accordance with the Government Records Access Management Act (GRAMA), I am requesting to view the following record(s) (specifically describe):**

Facility ID#	UST - Underground Storage Tank LUST - Leaking Underground Storage Tank CERCLA - Superfund ER - Emergency Response CRTK - Community Right-To-Know	Agency Use Only			Site Name/Address	Agency Use Only	
	File Type (Circle One)	Open Proj. Mgr. Initials	Closed	(Pull) Initial & ✓		(Return) Initial & Date	
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				
	UST LUST CERCLA ER CRTK		Closed				

**REVIEWER MUST COMPLETE THIS INFORMATION AT THE TIME OF VIEWING**

Date	Reviewer's Name	Time-In	Time-Out	File Review Completed ✓ Yes or ✓ No	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

(CONTINUED ON REVERSE SIDE)

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- The requester/reviewer may be required to pay a deposit on estimated fees before beginning to process a copy request, if copy fees are expected to exceed \$50.00 (UCA 63-2-203-8).

I understand the above copying costs. If I desire that copies be produced, I am prepared to pay such costs. Cash or check will be accepted, exact change is required. We are unable to accept Credit Cards or Debit Cards.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### REQUESTING RECORDS AND TIME FRAMES

A person wanting access to a record must give the governmental entity a written request containing his/her name, mailing address, daytime telephone number (if available), and a description of the record requested that identifies the record with reasonable specificity (UCA 63-2-204-1).

When an agency receives a request for a record, the agency has **ten (10)** business days to respond to that request. If the request is to benefit the public rather than the individual person (a circumstance primarily invoked by the media), then the agency has **five (5)** business days in which to respond. If no response is given, the failure is considered a denial of access (UCA 63-2-204-3).

### AGENCY USE ONLY

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